File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Reset Form



2009 JAN 20 AM IO: 31

Fex: 515-261-4073		SUMMARY PAGE	ij UM	150 WILM. 91
COMMITTEE NAME (Must be	same as on Statement of Organ	ization)	7	
Tim Smith for Hardin Cour	nty Sheriff	•		FORM
(1) Statewide/Legislative/Judge (of committee you are reporting for: Standing for Retention Candidate (2 5) County Candidate (6) City Candidate ty PAC (9) City PAC (10) School Ba	State PAC (3) State Party ate (7) School Board or Other Political bard or Other Political Subdivision PAC ((F	DR-2 lev. 07/2007) DISCLOSURE REPORT OF Office Use Only Omin. # 12 ()
CANDIDATE COMMITTEES Candidate Name Timothy P. Smith	ONLY:	Political Party (if applicable) Democrat	l Is	agged In-S senned pmputer SM
Office Sought Hardin County Sheriff		District (if Senate or House)		udited
Late reports are subject to possi	• .	Suant to lowa Code sections 68B.32A(7) 641 - 648 - 3329 TELEPHONE		A.401(3), the candidate, for a OL - 19 - 2009 DATE SIGNED
AM FILING A 01/19/2009		REPORT FOR (1) ELECTION /(2	-NON(ELECTION YEAR.
	sport date)	Indicate by #	2	•
CHECK IF AMENDMENT T	O REPORT DATED	lo	cel Com	mittees, enter Date of Election
	ENT OF CASH ON HAND		•	ocal Committees, enter County in ion is held HARDIN
committee. This amo	ount MUST be the same as the ca	ash on hand at the end it report filed.)	\$	1,377.77
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD			45.00
		e A) (*also see in-kind below)		45.00
		.)		
		h Schedule H)	·······	
<u>(Schedule I</u>	ł applies to Candidates' Comm	<u>ittees Oniv)</u> SUB-TOTAL	\$	1,422.77
	MONEY SPENT THIS PERIOD		•	1,259.26
		**also see debts and loans below)		1,237.20
Schedule F: Loan R	epayments total (Attach Schedule	F)	•••••	162.51
ASH ON HAND at the end of	this reporting period (if final repo	nt balance must be zero)	\$ _.	163.51
*UNPAID BILLS (From Sche	dule D - Attach Schedule D)		\$	0.00
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$	
OUTSTANDING LOANS (Fr	om Schedule F - Attach Schedule	9 F)	\$	
CONSULTANT BREAKDOW	N (Schedule G Attached?)			YES ,NO
CANDIDATE COMMITTEES	•		٠	0.00
	PERTY (From Schedule H - Attac		\$	
STATE COMMITTEES: Subn	nit a reconciled campaign accoun	t bank statement in January of each y	ear.	

For Instructions, See Back of Form	Reset Form	SCHEDULE	140VITADV
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds)		CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)			NDING FORM
	·		
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLNUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBER LOS LOSURE BOARD.	ITICAL ACTION COMMITTEE). BERS IS AVAILABLE FROM TI	, List the Pao IDI He Iowa Ethics /	ENTIFICATION AND CAMPAIGN
NOTE: ANY BEDSON OTHER THAN AN INDIVIDUAL THAT CONTRIBUTES MORE	THAN \$750 TO YOUR CAN	APAIGN MAY HA	VE FILING

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE HILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/30/2008	ID#	Jim Mason 2411 Sunset Drive Iowa Falls, Iowa 50126		\$20.00	
10/31/2008	ID# CK# ₄₄₄₉	Mary Steward 3118 Country Club Bivd. Cape Coral, Florida		25.00	
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	CK#				L
			SUB-TOTAL	\$ 45.00	
	•	TOTAL (if last pa	ge of this schedule)	\$ 45.00	1

* Disclosure law requires condidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinty (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1.

FAX

No. 16419398249 P. C	JU
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FOR INSTRUCTIONS,	SEE BACK OF FORM
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Reset	Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/2008	ID# CK#1015	Herald Index Communications Eldora, Iowa	Campiagn Advertising	\$ 651.00
11/17/2008	ID# CK#1016	South Hardin Signal Review PO Box 457 Hubbard, Iowa	Campiagn Advertising	300.00
1/17/2008	ID# CK# 1017	SS Graphics Inc.	Campiagn Signs & Bumper Stickers	308.26
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	CK#			
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	<u> </u>		SUB-TOTAL	\$ 1259.26
			TOTAL (if last page of this schedule)	\$ 1259.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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of 1

(for Schedule D)

COMMITTEE NA Tim Smith for	ME (Must be same as on Statement of Organization) Hardin County Sheriff aviously reported that remain unpaid must be included on this as any new obligations incurred in this period.	Reset Form	CHI	INCURRED INDEBTEDNESS ECK THIS BOX AMENDING RM
DEBTS/OBLI	GATIONS REMAINING THIS REPORTING PERIOD LUDE LOANS — SHOW LOANS ON SCHEDULE F)		goods or ser received, bu end of the m regardless of has been re	
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED	R .	ALANCE OWED AT CLOSE OF REPORTING PERIOD*
			\$	0.00
				,
			·	
				,
<u> </u>		SUE	TOTAL \$	0.00

"If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.